

Please type a plus sign (+) inside this box



PTO/SB/04 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

### ADDITIONAL INVENTOR(S) SUPPLEMENTAL SHEET

Attorney Docket Number: 7179013

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Barry

Family Name  
Or Surname Newton

Inventor's  
Signature

*B. Newton*

Date 30-01-02

Residence City: Oxon

State

Country GB

United  
Citizenship Kingdom

Mailing Address: Howland Road

Mailing Address Eastern Bypass, Thame

City Oxon

State

ZIP OX9 3UJ

Country United Kingdom

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any))

Family Name  
Or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 4 of 4]

Please type a plus sign (+) inside this box



PTO/SB/04 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

# DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

## ADDITIONAL INVENTOR(S) SUPPLEMENTAL SHEET

Attorney Docket Number: 7179013

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued hereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
Alistair Bertram

Family Name  
Or Surname Clark

Inventor's  
Signature

*Alistair Bertram*

Date 23.01.02

Residence City: Aberdeen

State

Country GB

United  
Citizenship Kingdom

Mailing Address 7 Westwood Grove

Mailing Address Westhill

City Aberdeen

State

ZIP AB32 6XF

Country United Kingdom

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Arron

Family Name  
Or Surname Rimmer

Inventor's  
Signature

*Arron Rimmer*

Date 25.01.02

Residence City: West Midlands

State

Country GB

United  
Citizenship Kingdom

Mailing Address Doranda Way

Mailing Address West Bromwich

City West Midlands

State

ZIP B71 4LE

Country United Kingdom

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



[Page 3 of 4]

Please type a plus sign (+) inside this box → ☒

PTO/SB/18 (08-00)  
Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		27128		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <u>Kevin M. Kercher</u>					
Address <u>Blackwell Sanders Peper Martin LLP</u>					
Address <u>720 Olive Street, Suite 2400</u>					
City <u>St. Louis</u>			State <u>Missouri</u>		ZIP <u>63101</u>
Country <u>US</u>		Telephone <u>314-345-6000</u>		Fax <u>314-345-6060</u>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <u>Ian Alastair</u>			Family Name Or Surname <u>Kirk</u>		
Inventor's Signature 			Date <u>23.01.02</u>		
Residence City: <u>Aberdeen</u>		State	Country <u>GB</u>	Citizenship <u>United Kingdom</u>	
Mailing Address <u>131 North Deeside Road</u>					
Mailing Address <u>Milltimber</u>					
City <u>Aberdeen</u>		State	ZIP <u>AB13 0JF</u>	Country <u>United Kingdom</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <u>William</u>			Family Name Or Surname <u>Barron</u>		
Inventor's Signature 			Date <u>23.01.02</u>		
Residence City: <u>Aberdeen</u>		State	Country <u>GB</u>	Citizenship <u>United Kingdom</u>	
Mailing Address <u>61 Seafield Road</u>					
Mailing Address					
City <u>Aberdeen</u>		State	ZIP <u>AB15 7YU</u>	Country <u>United Kingdom</u>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☒PTO/SB-18 (03-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (c)) required)	Attorney Docket Number	717901.3
	First Named Inventor	Kirk, Ian Alastair
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09/803,191
	Filing Date	March 9, 2001
	Group Art Unit	3672
Examiner Name	Unknown	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADI CENTRALIZER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YY)

03/09/01

as United States Application Number or PCT International

(if applicable).

Application Number

09/803,191

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached? YES	NO
0005740.6	GB	03/10/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

{Page 1 of 4}

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231